



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

MAR 1 9 2002

OIB

ORNEY DOCKET NO. 50011442 -2

PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which is	attached hereto unless	the following box is cl	necked:		
() was filed on	as US App	lication No. or PCT In	ternational Application		
Number	and was amended on (if applicable).				
	inded by any amendmen	it(s) referred to above	above-identified specifications. I acknowledge the duty to CFR 1.56.		
oreign Application(s) and/or Claim hereby claim foreign priority bene eventor(s) certificate listed below a filing date before that of the applic	fits under Title 35, United Sta and have also identified below	any foreign application for p	ny foreign application(s) for patent patent or inventor(s) certificate havi		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
ΕP	01410/02.6	14 Aug 2001	YES: Y NO:		
	01410102.0	214 114 2001	YES: NO:		
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 50011442 -2

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Inventor's Signature		Pate		
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Post Office Address: Same as Residence				
	16		12. Nov 2001	
Inventor's Signature		Date		
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Full Name of # 4 joint inventor	*		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
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Full Name of # 5 joint inventor	r:		Citizenship:	
Residence:			· -	
Post Office Address:				
Inventor's Signature	•	Date		
Full Name of # 6 joint invento	r:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature			· · · · · · · · · · · · · · · · · · ·	
inventor a Signature		Date		
Full Name of # 7 joint invento	DT:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
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Cull Name of # 6 Intra towns			Chlorophia	
Full Name of # 8 joint invento	л:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		